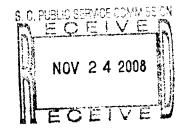


Tel: (212)660-2700 Fax: (212)660-2704 www.stiprepaid.com

November 20, 2008

Charles L.A. Terreni, Chief Clerk/Administrator South Carolina Public Service Commission 101 Executive Center Drive, Suite 100 Columbia, SC 29210



RE: Replacement of Bond No. LPM7593218

Dear Mr. Terreni,

STi Prepaid, LLC ("STi") respectfully submits a new bond which serves as a replacement to bond no. LPM7593218. The new bond documentation is attached and a summary of the information is outlined below.

Principal: STi Prepaid, LLC

Bond #: 1024305

Coverage Amount: \$5,000

Effective Date: 10/21/2008

So that our records will be complete, please date stamp the extra copy of this letter and return in the enclosed self-addressed postage-paid envelope. If you have any questions concerning this filing, please contact me at the number (212) 660.2724, or by email at Jenni.Partridge@stiprepaid.com.

Sincerely,

Jenni Partridge

Jenni Partridge Regulatory Affairs Specialist

INDEMNITY BOND TO THE PEOPLE OF THE STATE OF South Carolina

Bond No. <u>1024305</u>

We, <u>STi Prepaid, LLC</u>, principal and provider of resold interexchange telecommunications services within the State of South Carolina and <u>Lexon Insurance</u> <u>Company</u>, as an admitted surety insurer, bind ourselves unto the Regulatory Commission of the State of South Carolina, an Obligee, in the penal sum of <u>\$5,000.00</u>

The total aggregate liability under this bond is limited to \$5,000.00 (Five Thousand Dollars)

The conditions of this obligation are such that the principal shall in all respects fully and faithfully comply with all applicable provisions of South Carolina law. This obligation shall be used to refund prepayments to individuals who have purchased prepaid telecommunications services of the principal if the principal is unable to provide such service of return the prepayments to its customers. Within twenty-four (24) hours of such event, principal shall provide to insurer a list of prepaid-calling service account codes it believes to be outstanding in the State of South Carolina together with the remaining balances. Bond insurer agrees to act as administrator of the funds and to distribute remaining account balances to individuals who request refunds in writing.

This bond shall take effect as of the date hereon and shall remain in full force and effect until the surety is released from liability by the written order of the South Carolina Regulatory Commission, provided that the surety may cancel this bond and be relieved of further liability hereunder by delivering thirty (30) days written notice to the South Carolina Regulatory Commission. Such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said thirty (30) day period. The principal will promptly reissue a bond before the end of the thirty (30) day period for an amount equal to or greater than the value of this instrument unless the parties agree otherwise.

Dated this 21st day of October, 2008

STi Prepaid, LLC

Lexon Insurance Company

Joan Mularz, Attorney-in-Fact

LEXON INSURANCE COMPANY FINANCIAL STATEMENTS AS OF DECEMBER 31, 2007

Total Assets			Other Assets	Loss Payments	Reinsurance Recoverable on	Receivable from Parent, Subsidiaries and Affiliates	Funds Held or Deposited with Reinsurance Companies	Investment Income Due & Accrued	Agents Balances &/or Uncollected Premiums	Cash and Short-Term Investments	Money Market &/or Stocks	Bonds	ASSETS
\$77,468,824			5,724,036	0		0	0	419,173	5,183,905	28,601,341	0	\$37,540,369	ł
Total Liabilities and Policyholder Surplus	Total Policyholder Surplus	Surplus	Capital Stock & Paid In Surplus	POLICYHOLDERS' SURPLUS	Total Liabilities	Other Liabilities	Payable to Parent, Subsidiaries and Affiliates	Ceded Reinsurance Premiums Payable Funds Held Under Reinsurance Treaty Reserve for Unauthorized Reinsurance	Reserve for Taxes, Licenses, and Fees Reserve for Current federal income taxes	Reserve for Other Expenses	Reserve for Unearned Premiums	Reserve for Losses and Loss Expense	LIABILITIES
\$77,468,824	\$37,373,543	19,397,467	\$17,976,076		\$40,095,281	1,973,689	94,903	336,191 0 0	246,065 0	122,053	27,936,840	\$9,385,540	•

CERTIFICATE

I certify that the above financial statements to the best of my knowledge are a true and accurate reflection of the financial condition of the Company as of December 31, 2007. Additionally, I certify that the above financial statements are in agreement with the Statutory Financial Statements filed with the Texas Department of Insurance as of the same date.

Chief Financial Officer, Vice President & Assistant Treasurer

POWER OF ATTORNEY

Lexon Insurance Company

LX - 34654

Donald D. Buchanan Secretary

1	company
KNOW ALL MEN BY THESE PRESENT Louisville, Kentucky, does hereby constitute and a	S, that LEXON INSURANCE COMPANY , a Texas Corporation, with its principal office in
	Neil C. Krauter, Andre S. Eichenholtz, Joan Mularz ************
*************	**********************
its true and lawful Attorney(s)-In-Fact to make, excorber writings obligatory in nature of a bond.	ecute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or
This authority is made under and by the INSURANCE COMPANY on the 1st day of July, 2	he authority of a resolution which was passed by the Board of Directors of LEXON 003 as follows:
or other writings obligatory in nature of a bond not might execute through its duly elected officers, at Attorney-In-Fact shall be as binding upon the Co	pany is hereby authorized to appoint and empower any representative of the Company or ecute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity to exceed \$2,500,000.00, Two-million five hundred thousand dollars, which the Company affix the seal of the Company thereto. Any said execution of such documents by an empany as if they had been duly executed and acknowledged by the regularly elected appointed, may be removed for good cause and the authority so granted may be revoked
and any such power or certificate bearing such fac	dent and the seal of the Company may be affixed by facsimile on any power of attorney of the seal of the Company may be affixed by facsimile to any certificate of any such power simile signature and seal shall be valid and binding on the Company. Any such power so nd sealed shall, with respect to any bond of undertaking to which it is attached, continue
IN WITNESS THEREOF, LEXON INSUF Corporate Seal to be affixed this 2nd day of July, 2	RANCE COMPANY has caused this instrument to be signed by its President, and its 003.
TEXAS INSURANCE COMPANY	BY David E. Campbell President
	ACKNOWLEDGEMENT
"OFFICIAL SEAL" MAUREEN K. AYE Notary Public, State of Illinois	personally came David E. Campbell to me known, who being duly sworn, did depose and company, the corporation described in and which executed the above instrument; that ration by authority of his office under the By-laws of said corporation.
My Commission Expires 09/21/09	Maureen K. Aye
	Notary Public Notary Public
I, the undersigned, Secretary of LEXON IN riginal Power of Attorney of which the foregoing is esolutions as set forth are now in force.	ISURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the a true and correct copy, is in full force and effect and has not been revoked and the
signed and Sealed at Lombard, Illinois this	St October 08
TEXAS INSURANCE A	Donald D. Buchanan